



STATE OF MONTANA • DEPARTMENT OF ADMINISTRATION  
**DIVISION OF BANKING AND FINANCIAL INSTITUTIONS**

301 South Park, Suite 316 • PO Box 200546 • Helena, MT 59620-0546

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**Website:** [www.banking.mt.gov](http://www.banking.mt.gov) • **E-Mail:** [ssheehy@mt.gov](mailto:ssheehy@mt.gov)

**2014 RENEWAL APPLICATION**  
**SALES FINANCE LICENSE RENEWAL**

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Date

I hereby affirm the following:

1. The undersigned will continue the business of Retail Installment Sales during the year 2014 and hereby applies for a license. The license fee of \$100.00 is enclosed.
2. The Division of Banking and Financial Institutions has been notified of changes in personnel, ownership, or office location during the current year. (Attach information if applicable.)
3. Daily operation of our office has been and will continue to be in accordance with the provisions of the Montana Retail Installment Sales Act (Act). I acknowledge that I have read and understand the Act and will share these regulations with our employees to be in compliance at all times. Please be advised that copies of the Act are available upon request by contacting the Division at 406-841-2920 or online at the following address:  
<http://banking.mt.gov/salesfinance.mcp>

\_\_\_\_\_  
Licensee Name

\_\_\_\_\_  
Address

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_  
Home Office Address

Phone \_\_\_\_\_ Fax \_\_\_\_\_

If not located in Montana, name and address of Montana Registered Agent: \_\_\_\_\_

\_\_\_\_\_

In witness whereof I hereby certify the above information is true, correct, and complete in every respect, to the best of my knowledge and belief.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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**The following must be completed by a Notary:**

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

Before the undersigned, a Notary Public, personally appeared: \_\_\_\_\_

\_\_\_\_\_ the authorized official of  
this licensee, to me known, who acknowledged that they executed the foregoing renewal application  
for the purpose therein mentioned on \_\_\_\_\_ (date).

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(Name – typed, stamped or printed)

\_\_\_\_\_  
(Title and Rank)

\_\_\_\_\_  
(Residing at)

My commission expires: \_\_\_\_\_

(Seal, if any)